PERSONALITY FACTORS AND COMORBIDITY AS INDIVIDUAL DIFFERENCES IN PSYCHIATRIC RESEARCH. S. H. Kennedy, The Clarke Institute of Psychiatry; Professor of Psychiatry, University of Toronto. E. Ralevski, The Clarke Institute of Psychiatry. C. Davis, Department of Exercise and Health Science, York University; The Toronto Hospital

Taxonomy in psychiatric research has been greatly influenced by the Diagnostic and Statistical Manual of the American Psychiatric Association (1980, 1987, 1994). Subjects who share Axis I criteria for specific disorders (such as Major Depression) become the study population in most investigations of neurobiology and clinical treatment without attention to other potential differences among subjects. Dimensions of personality and, according to DSM III-R, categories of Axis II personality disorders are rarely considered concomitantly with Axis I diagnoses.

Hypercortisolemia is a recognized finding in patients with Eating Disorders and provides an index of corticotropin releasing factor activity. We examined the influence of alcohol and drug use, as well as comorbid Personality Disorders on cortisol. In assessing the antidepressant response to novel antidepressant treatment we also examined the relationship between personality measures, using the Tridimensional Personality Questionnaire and drug response.

We also evaluated the role of Neuroticism (N) in side effect reporting among healthy volunteers who received moclobemide or placebo. There was a significant group x time x N interaction, emphasizing the importance of individual differences in side effect reporting.

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